

**ARIZONA DEPARTMENT OF HEALTH SERVICES**

**OFFICE OF CHILD CARE LICENSING**

<http://www.azdhs.gov/als/childcare/index.htm>

**CHILD CARE CENTER  
ADDITION OR MODIFICATION  
ARCHITECT REQUEST TO AMEND  
LICENSE PACKET**

**ARIZONA DEPARTMENT OF HEALTH SERVICES  
CHILD CARE PHYSICAL PLANT ARCHITECTURAL EVALUATION**

Dear Child Care Provider:

The expectation of the general public and a preliminary requirement of the Office of Child Care Licensing (OCCL) is that a building or physical plant of any facility used for the care of infants and children be evaluated for construction safety and building code compliance.

It is a requirement for the provider to obtain a *Child Care Physical Plant Architectural Evaluation* through their own contracted architect to certify that new and existing facilities have been checked for compliance with the local building codes and with the child care rules for the physical plant.

A provider or architect may call at any time for assistance with the building's design, remodeling, or in preparation for use as a child care facility. The Architectural Review Unit can be reached by phone at (602) 364-2536, or by fax at (602) 364-4769.

The Office of Child Care has compiled a list of architects who are interested in evaluating child care facilities statewide which you may request by calling the Office at (602) 364-2539 or by logging on to:  
<http://www.azdhs.gov/als/childcare/index.htm>

Enclosed: *Submittal Instructions*  
Child Care Physical Plant Architectural Evaluation

**This document must be completed by an architect.**

## DRAWING REQUIREMENTS

AAC R9-5-607

### **Provide the following documents:**

- A.1. A short narrative indicating the scope and special nature of the project.
- A.2. One copy of the final architect's drawings, approved by city, with necessary information to show compliance with these rules. A half size drawing set may be submitted, provided the dimensions and printed information is legible. Also, provide an 8 ½"x11" reduction of the floor plan and the site plan.

ADHS may have existing record drawings at the Phoenix Office. Your contracted architect may review these drawings as he prepares the *Child Care Physical Plant Architectural Evaluation*, even if the drawings were prepared by another architect. These drawings will then be cross-referenced to your facility license. Provide a written request for copies. Your architect may supplement these drawings by indicating the current as-built condition on a new floor plan.

- A.3. A draftsman's drawing is accepted for buildings with an area of less than 3000 sq. ft. and with less than 20 occupants (children and staff).
- A.4. If the building is newly constructed, added to or remodeled, provide copies of the following when ready for occupancy and ADHS inspection.
  - 1. **Certificate of Occupancy** issued by the Local Building Department.
  - 2. Fire Alarm Testing Report
  - 3. Fire Inspection report

### **Drawings shall include the following:**

#### **I. SITE PLAN**

A site plan, drawn to scale which includes:

- \_\_\_ Location of building(s) with site dimensions.
- \_\_\_ Accessible routes & ramps.
- \_\_\_ Location of parking and drive paths.
- \_\_\_ Major street names.
- \_\_\_ Adjacent buildings, if the facility is located in a shopping center or school.
- \_\_\_ North arrow, drawing scale and site plan key notes.
- \_\_\_ Fenced playground adjacent to building, with area, type and height of fence, and gates.
- \_\_\_ Proposed shade.
- \_\_\_ The location of swimming pool, if applicable, and the protective fence.

## Submittal Instructions Continued

### II. FLOOR PLANS

The floor plan shall be an architectural drawing, drawn to scale. Indicate the rooms to be licensed with the following information:

- \_\_\_ Room number/name.
- \_\_\_ Purpose of room.
- \_\_\_ Square footage of each room.
- \_\_\_ Age group of children using each room (infant, one year olds, preschool, school age).
- \_\_\_ Toilet rooms and fixtures, including accessibility requirements (if applicable).
- \_\_\_ Diaper Changing Area: indicate location of counter top and adjacent sink within each room that will have diapered children.
- \_\_\_ All cabinets, sinks, drinking fountains, fire extinguishers, smoke detectors, fire alarm-pull stations, horns/strobes, etc.
- \_\_\_ Wall and floor finishes.
- \_\_\_ Direction of door swings and the width of the doors.
- \_\_\_ North arrow, drawing scale and floor plan key notes.

### III. BUILDING CROSS SECTION

The building cross section shall be an architectural drawing, drawn to scale, which includes the following information:

- \_\_\_ UBC construction type.
- \_\_\_ Building materials.
- \_\_\_ Structure (roof and floor framing, etc.)
- \_\_\_ Foundation and footings.
- \_\_\_ Any additional comments, if needed.

### IV. SPECIAL REQUIREMENTS: FACTORY-BUILT BUILDING

Factory-built buildings and their foundation systems shall be approved for **permanent installation**, at the facility address, by the *State Office of Manufactured Housing* (OMH), Department of Building and Fire Safety, per ARS §41-Chapter 16 and R9-5-607 (C) and R9-5-607 (E).

Submit copies of OMH approved documents, site plan, floor plan and foundation plan, drawn to scale. Submit *OMH Installation Permit*.

### V. SUBMIT DRAWINGS, *CHILD CARE PHYSICAL PLANT ARCHITECTURAL EVALUATION*, AND ALL OTHER ITEMS TO:

The Office of Child Care Licensing  
150 North 18<sup>th</sup> Avenue, Suite 400  
Phoenix, AZ. 85007  
Phone: ( 602 ) 364-2539

## ARIZONA DEPARTMENT OF HEALTH SERVICES CHILD CARE PHYSICAL PLANT EVALUATION

Name of applicant / owner, or school district: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax# \_\_\_\_\_

Name of facility: \_\_\_\_\_

Address of facility: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Cross streets of facility: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Facility telephone: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

- Is the facility a
- ☐ Public school
- ☐ Charter school
- ☐ Private facility

### APPLICANT / OWNER STATEMENT

I request that the Arizona Department of Health Services accept the attached *Child Care Physical Plant Architectural Evaluation* as certification that the child care facility described complies with the Arizona Revised Statutes and Administrative Rules. I understand that by signing below, I attest to the accuracy of the information contained herein.

Signature of applicant or designee: \_\_\_\_\_ Date: \_\_\_\_\_

Name of architect: \_\_\_\_\_

**Architect Seal Here**

Name of firm: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

### ARCHITECT STATEMENT

I certify to the best of my knowledge and belief that this building design is in substantial compliance with the minimum Licensure requirements of the Arizona Department of Health Services for construction or modification of this child care facility; and that the information contained in the attached *Child Care Physical Plant Architectural Evaluation* is accurate. I certify that I have complied with all provisions of the Rules of Professional Conduct in reviewing this facility and preparing the Evaluation. (AAC R4-30-301)

Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR OCCL USE ONLY	TOTAL CAPACITY	INFANTS	ONE YR. OLDS	DATA INPUT DATE:
FACILITY # CDC-	PREVIOUS #	L.S. #	OFFICE: PHX    TUC    FLA	INITIALS

**CHILD CARE PHYSICAL PLANT ARCHITECTURAL EVALUATION – to be completed by the provider’s contracted architect.**

[ References represent the Arizona Administrative Code, R9-5-101(88) ]

This Submittal represents a facility currently licensed for CDC# \_\_\_\_\_ R9-5-601 and 607.

Addition or modification - Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note:** A different Submittal form is used for school age children in public school buildings. **Do not use this form.**

**1. CHILD CARE SERVICES CLASSIFICATION**

1.1	AGE GROUPS	Yes	No	1.2	PROGRAM	Yes	No
	School Age	[ ]	[ ]		More than 4 Hours	[ ]	[ ]
	Preschool	[ ]	[ ]		Evenings	[ ]	[ ]
	One Year Olds	[ ]	[ ]		Diapered Children	[ ]	[ ]
	Infants	[ ]	[ ]		R9-5-503		
					R9-5-602(C)		
1.3	Hot Meals R9-5-509.	[ ]	[ ]				

**2. OUTDOOR ACTIVITY AREAS:** (Include existing, modifications and additions for all ages)

- 2.1 AREA-1: Available fenced area outdoors: \_\_\_\_\_ square feet. R9-5-604.  
AREA-2: Indoor substitution: \_\_\_\_\_ square feet. R9-5-603(C)(2).

**TOTAL CAPACITY ( A ) = AREA-1 plus AREA-2**  
\_\_\_\_\_ square feet, divided by 75, multiplied by 2, equals \_\_\_\_\_ outdoor capacity.

**2.2 FENCED OUTDOOR ACTIVITY AREA:**

- [X] Verify local building department requirements for location(s) of unlocked gate(s). UBC 1017.12 per local code.

**ARCHITECT TO VERIFY**

- [X] Shade  
[X] Fence/gate enclosure: Minimum 4 ft height  
[X] Swimming pool and pool enclosure

**REQUIRED**

R9-5-604(F).  
R9-5-604(B).  
R9-5-605, R9-8-Art.8

3. **INDOOR ACTIVITY AREAS:** R9-5-603(A) and 603(B). (Include existing, modifications and additions)

**Note: Place a check mark next to the modification or addition.**

( 25 sq.ft. for 2 yrs & Up; 35 sq.ft. for Infants and 1yrs; 50 sq.ft. if no outdoor play area and 4 hours max. per day )

**\*\*\*CAPACITY**

Room Number/ Name	* Age	**DCA	Net SF	25 SF	35 SF	50 SF	Total
<b>TOTAL CAPACITY (B)</b>							

\* Age = Age of youngest child to occupy the room.

\*\*DCA = Diaper Changing Area - located in the room.

\*\*\*Round off all capacities to the lowest whole number. (Example 14.68 would be 14 children)

4. **FIRE SAFETY SYSTEMS:** R9-5-601, 606 and 607.

**REQUIRED**

**City and Architect to Verify**

Fire Protection Systems  
Fire Wall Between Bldg.

[X] City/State Fire Marshal requirements for fire walls, type of fire alarm, smoke/heat detectors, portable fire extinguishers, and automatic fire extinguishing systems if required.

- 4.1 **PUBLIC SCHOOL & CHARTER SCHOOL BLDGS WITH MORE THAN 49-OCCUPANTS:**  
 ( **D** ) Provide a *Class A Fire Alarm System* for centers located in public/charter schools, and in centers where specifically required by the Office of the State Fire Marshal.  
 Provide *Class A or B Fire Alarm* for other center locations.

5. **CONSTRUCTION:** R9-5-601.

		<b><u>PROVIDED</u></b>		<b><u>REQUIRED</u></b>
		Yes	N/A	<b><u>City and Architect To Verify</u></b>
5.1	Building construction type			[X] UBC Table 5B, local code.
5.2	Occupancy separation wall			[X] UBC 302 per local code.
5.3	Wall/ceiling finish			[X] <b>New and Existing Buildings:</b> Class I, II or III wall/ceiling finish, as approved per local building department and/or State Fire Marshal, per UBC 804.1.
5.4	Low glass protection			[X] R9-5-602(D) and local code.
5.5	Lighting (minimum 30 FC)			[X] R9-5-501(A)(16)(a), local code.
5.6	Separated infant room	[ ]	[ ]	--- <b>Infant Room:</b> Room shall be separated from other room areas by walls that continue from floor to ceiling and have full height doors. R9-5-502(A)(1). An infant room cannot be used as a passageway. R9-5-502(B)(1).
5.7	Separated kitchen area	[ ]	[ ]	--- <b>Kitchen, Food preparation areas:</b> Areas shall be separated from other activity areas. R9-5-509(I)(J).
5.8	Separated laundry area	[ ]	[ ]	--- <b>Laundry area:</b> Area shall be separated from other activity, kitchen and food preparation areas. R9-5-512(C).
5.9	Factory-Built Building			[X] Factory-built buildings and their foundation systems shall be approved for <b>permanent installation</b> , at the facility address, by the <i>State Office of Manufactured Housing</i> (OMH), Department of Building and Fire Safety, per ARS §41-Chapter 16, R9-5-607 (C)(E).  Submit copies of OMH approved documents, site plan, floor plan and foundation plan, drawn to scale. Submit <i>OMH Installation Permit</i> .



6. **EXITING: R9-5-601.**

		<b><u>PROVIDED</u></b>		<b><u>REQUIRED</u></b>
		Yes	No	<b><u>City and Architect to Verify</u></b>
6.1	Infant room exits (2)	<input type="checkbox"/>	<input type="checkbox"/>	--- An infant room must have two exits to be licensed for more than 5 children. R9-5-602(A).
6.2	Fire-rated corridor		<input checked="" type="checkbox"/>	UBC 1005 per local code.
6.3	44-inch corridor width		<input checked="" type="checkbox"/>	UBC 1005.2 per local code.
6.4	Exit travel distances		<input checked="" type="checkbox"/>	UBC 1003.4 per local code.
6.5	36-inch wide exit doors		<input checked="" type="checkbox"/>	UBC 1004.6 per local code.
6.6	Exit lighting (min.1 FC)		<input checked="" type="checkbox"/>	UBC 1012/1013, local code.
6.7	Accessibility		<input checked="" type="checkbox"/>	UBC 1103 per local code.
6.8	Unlocked exit doors		<input checked="" type="checkbox"/>	R9-5-501(A)(2)/601. Can be opened from inside without a deadbolt. UBC 1004.3, local code.

7. **TOILET ROOM FACILITIES: R9-5-602(B).** (Include existing, modifications and additions)

- (1) At least 1 flush toilet and 1 hand washing sink for 10 or fewer children.
- (2) At least 2 flush toilets and 2 hand washing sinks for 11 to 25 children.
- (3) At least 1 flush toilet and 1 hand washing sink for each additional 20 children.

Number of Sanitary Units Provided

One Sanitary Unit is a combination of one toilet/urinal **plus** one handwashing sink.

\_\_\_\_\_ No. of Sanitary Units

\_\_\_\_\_ No. of Toilets

\_\_\_\_\_ No. of Urinals

\_\_\_\_\_ No. of Toilet hand washing Sinks (drinking attachments not allowed)

**TOTAL CAPACITY ( C ) =** \_\_\_\_\_ Capacity based on sanitary units  
(children 2 years of age and older).

**REQUIRED PER LOCAL CODE**

**City and Architect To Verify**

7.1	Toilet spacing/clearances	<input checked="" type="checkbox"/>	Toilets shall be spaced not less than 30-inches apart. Clearance between front of toilet and wall surface shall be not less than 24-inches. UBC 2904 per local building department.
7.2	Wall/floor finish	<input checked="" type="checkbox"/>	48-inch high wall-protection (wainscot) shall be provided where toilets, urinals and sinks occur. Floor and wall finishes shall be smooth, hard, non-absorbent, materials. UBC 807 per local building department.
7.3	Accessible toilet room Wheelchair clearances Grab bars  3FT wide door	<input checked="" type="checkbox"/>    <input checked="" type="checkbox"/>	<b>BUILDINGS:</b> Because accessibility standards are not available for children, the staff toilet room may be used. UBC 1103.1.2.4, CABO/ANSI A117.1, UBC 104.2.8 and UBC 1105 per local building department shall apply to all buildings.  CABO/ANSI A117.1 4.13.5.

7.7 **ARCHITECT TO VERIFY:**

- [X] Plumbing fixtures
- [X] Toilet mechanical exhaust system or open, screened window

**REQUIRED**

R9-5-602(A),602(B)and 602(C).

R9-5-501(A)(17), R9-5-512, and UBC 1202.2 per local code.

8. **OTHER FIXTURES AND EQUIPMENT**

**PROVIDED**

Yes No

- 8.1 Diaper Changing Area & sink [ ] [ ]

Located in Room(s) # \_\_\_\_\_

**REQUIRED**

Infants & children with diapering needs.

R9-5-503(A)(2) & R9-5-602(C).

**City and Architect To Verify**

- 8.2 Food Preparation for Hot Meals only:

- Kitchen: 3-compartment sink [X] County Health Department.
- Kitchen: hand washing sink [X] County Health Department.
- Ventilation-grease removal [X] Commercial kitchen hood: UMC 507/508 per local code.

Plumbing fixtures and equipment requirements: Verify with local County Health Department.

9. **Summary:**

- 9.1 Pursuant to R9-5-101(40) and R9-5-607(b), compliance to building codes and standards, fire codes, zoning, accessibility, and total child and staff capacity shall be subject to approval by the local government agency.

- 9.2 **TOTAL CHILD CAPACITY** - Is limited to the LOWEST number of the following:

- A \_\_\_\_\_ Capacity based on Outdoor Activity Area (page 2, item 2.1 ), or
- B \_\_\_\_\_ Capacity based on Indoor Activity Area (page 3, item 3, total at bottom of chart), or
- C \_\_\_\_\_ Capacity based on total Number of Sanitary Units (page 5, item 7) plus infants and ones (page 3, item 3), or
- D \_\_\_\_\_ Capacity for Public or Charter Schools based on having a Fire Alarm System provided (page 4, item 4.1). (49 occupants = children and staff)

Subject to these approvals, and to the final inspection by the Licensing Surveyor,

**THE TOTAL CHILD CAPACITY may be \_\_\_\_\_ CHILDREN.**